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23460 7550 12/16/2009 LEYDIG VOIT & MAYER, LTD TWO PRUDENTIAL PLAZA, SUITE 4900 180 NORTH STETSON AVENUE				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A'	ITORNEY DOCKET NO.	CONFIRMATION NO.	
10/535,470 05/17/2005			Peter Jan Slikkerveer		259350 6155		
			ETWEEN ROLLED-UP	PREV. PAID ISSUE F		E DATE DUE	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	\$0	\$1810	03/16/2010	
nonprovisional	NO	\$1510 ART UNIT	\$300 CLASS-SUBCLASS	30]	\$1010	03/10/2010	
EXAMINER MA, CALVIN		2629	345-204000	J			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE Polymer Vision Limited Eindhoven, Netherland						document has been filed for	
Please check the appropriate assignee category or categories (will not be printed on the patent):							
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 121216 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	112	den		DateMa	rch 12, 2010		
Typed or printed name Mark_Joy		Registration No. 35,562					
this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	a application form to the tions for reducing this bu Virginia 22313-1450. DO 313-1450.	rden, should be sent to the ONOT SEND FEES OR	o Chief Information Office	or, U.S. Patent and Tr	adcmark Office, U.S. Do SEND TO: Commissione	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. r for Patents, P.O. Box 1450, ol number.	